

Name
In
Full

Robert Earl Albright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hess

Town

County

MARYLAND

Date of death 1909

Month Feb

Day 12

P.M.

Years

Age One

Months Four

Days 26

Sex Male

Color or Race

White

Birth-place

Hess & Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John F Albright

Father's
Birthplace

Balto co Md

Mother's
Maiden Name

Maggie L Fishpaw

Mother's
Birthplace

" " "

Name of person giving
Information

John F Albright

How related
to deceased

Father

CAUSES OF DEATH

90

Primary

Capillary Bronchitis

How long

9 days

Immediate

Heart failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

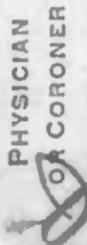
yes

Signature of
Physician

Thos. H. Emory M.D.

Address

Montgomery, Md.



Accident or Suicide?

no

Burial at
Good Will E.V. church

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Amjane. Allison

CERTIFICATE OF DEATH

Died at <u>whiteford.</u>		County <u>Hanford.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>5</u>	Age <u>32</u>	Months	Days
Sex <u>Female.</u>	Color or Race <u>White</u>			Birth-place <u>R.</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Isaac Allison</u>			
Married, <u>S.</u> or Widowed	Name of Wife or Husband <u>Isaac Allison</u>	Father's Birthplace <u>Wales</u>			
Father's Name <u>John T. Jones</u>	Mother's Birthplace <u>Pa.</u>				Mother's Maiden Name <u>Susan Poff</u>
Name of person giving information <u>Isaac Allison</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

68

How long

10 weeks.

How long

10 week

Primary

Acute mania

Immediate

Excessive loss of sleep

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. D. Allen. Ramsey
Delta Peoria.

J

Accident or Suicide?

Feb 8: 09

Slate Ridge

Name
in
Full

Sarah A. C. Badders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

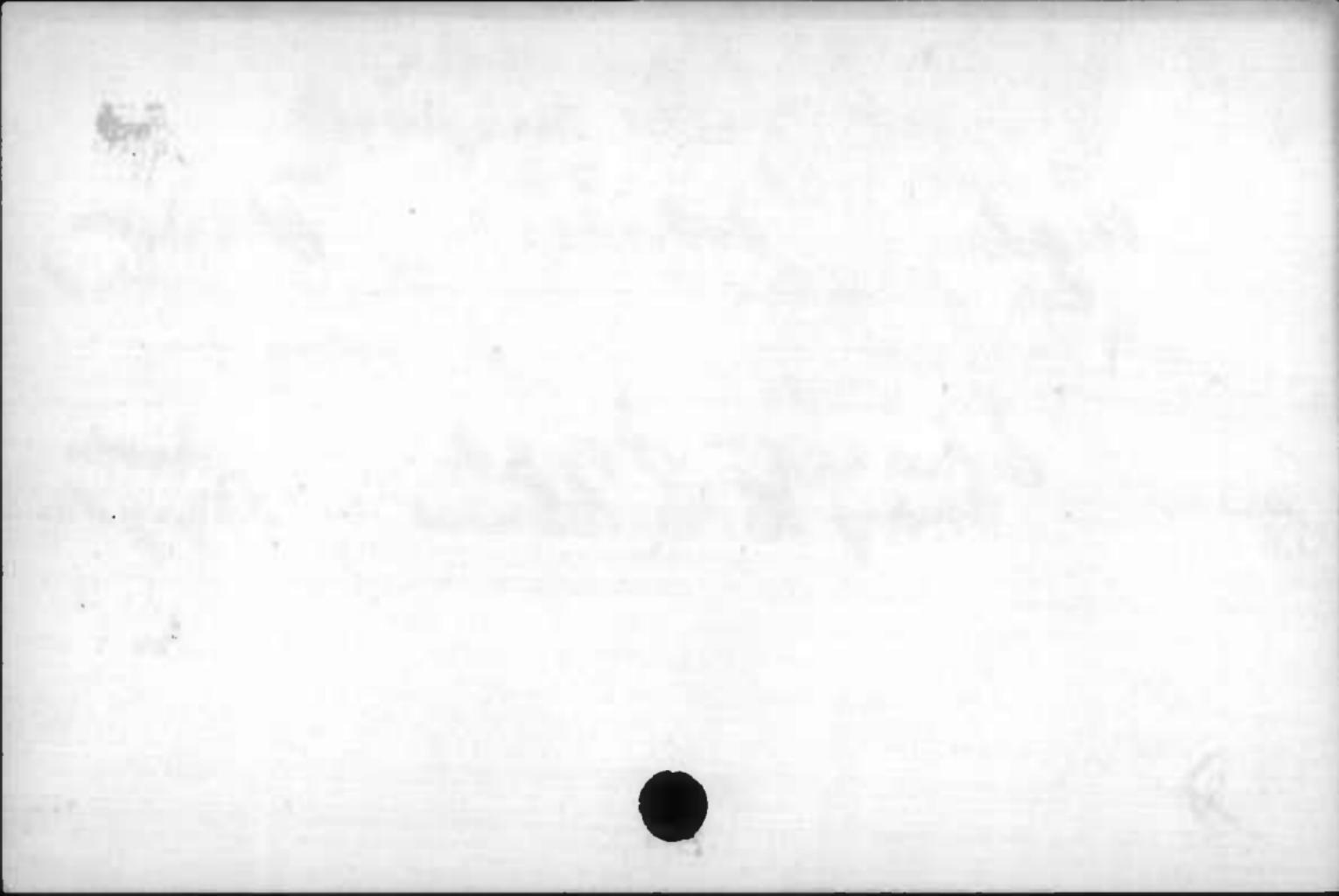
Died at	Town	County	MARYLAND	
Died at	Cylesville	Havre de Grace	Months	Days
Date of death	1909 Feb	27	Age	33
Sex	Female	Color or Race	White	Birth-place
Occupation	Sewing	Where Residing if not at place of death	York Co.; Pa.	
Married, Single or Widowed	Single	Name of Wife or Husband	Cylesville, Md	
Father's Name	Samuel Badders	Father's Birthplace	York Co. Pa.	
Mother's Maiden Name	Agnes Laden	Mother's Birthplace	York Co. Pa.	
Name of person giving information	Ray Wright	How related (if deceased)	Not at all	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		27
Immediate	General weakness - Respiratory failure.		How long about 4 years
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	How long about 2 weeks
		P. K. Shattock M.D.	
			Address
			New Park - Pa -

Accident or Suicide?



Name
in
Full

Andrew W. Banister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death	Birth-place	Ohio
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	Eliza J. Ward	Forest Hill
Father's Name	John Banister	Father's Birthplace	England
Mother's Maiden Name	Charity Vaughan	Mother's Birthplace	Irish
Name of person giving information	Mary K. Melvyns	How related to deceased	Daughter

CAUSES OF DEATH

65

How long

3 years

How long

3 weeks

PHYSICIAN
OR CORONER

Primary

Softening of Brain

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

8

Accident or Suicide?

Signature of Physician

Address

J. P. Smithson
Forest Hill Md.

Our Club

Name
in
Full

Alouga Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feb.	Day 20 th	Age 69	Months -	Days -
Sex	Male	Color or Race	White		Birth-place	Ind.
Occupation	Telegraph Agen.			Where Residing if not at place of death	Belle Swartling	
Married, Single or Widowed	Widow	Name of Wife or Husband			Father's Birthplace	Ind
Father's Name	James M. Bowman			Mother's Birthplace	Ind	
Mother's Maiden Name	Catherine Alexander			How related to deceased	wife.	
Name of person giving Information	Belle Bowman			79		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart & Kidney Dis.

How long
months.

Immediate Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J

Address

D. Stier
Perryman

Accident or Suicide

Want

Name
in
Full

Margarette Elizabeth Bredenbaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
MURKIN FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Feb	16 2pm	4	2	10
Sex	Color or Race	Birth-place			
Female	White	Garrisonville			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	William Bredenbaugh				
Mother's Maiden Name	Julia N Fehrmann				
Name of person giving information	William Bredenbaugh				
Father					

CAUSES OF DEATH

9

How long

1 week

How long

2 days

PHYSICIAN
OR CORONER

Primary

Diphtheria

Immediate

Suppression of Urine & Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. F. Bradley

Garrisonville Md

J

Accident or Suicide?

Bunzl at Baum & Lehman

Name
in
Full

Stephen Archer Eggleston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Jarrettsville	County Harford	MARYLAND
Date of death 190	Month 9 Feb.	Day 7	Years Age 33
Sex Male	Color or Race	White	Months 7
Occupation Hardware merchant	Where Residing if not et place of death		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name Jos. E. Eggleston	Father's Birthplace Chromie Hill, Md.
Mother's Maiden Name Emma F. Blaney		Mother's Name Rocks, Md	
Name of person giving Information Jos. E. Eggleston		How related to deceased Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pulmonary Phthisis

27

How long

Immediate
Heart Failure

Four years

Are the name, age, sex, color, date
and place correctly given above?

Yes

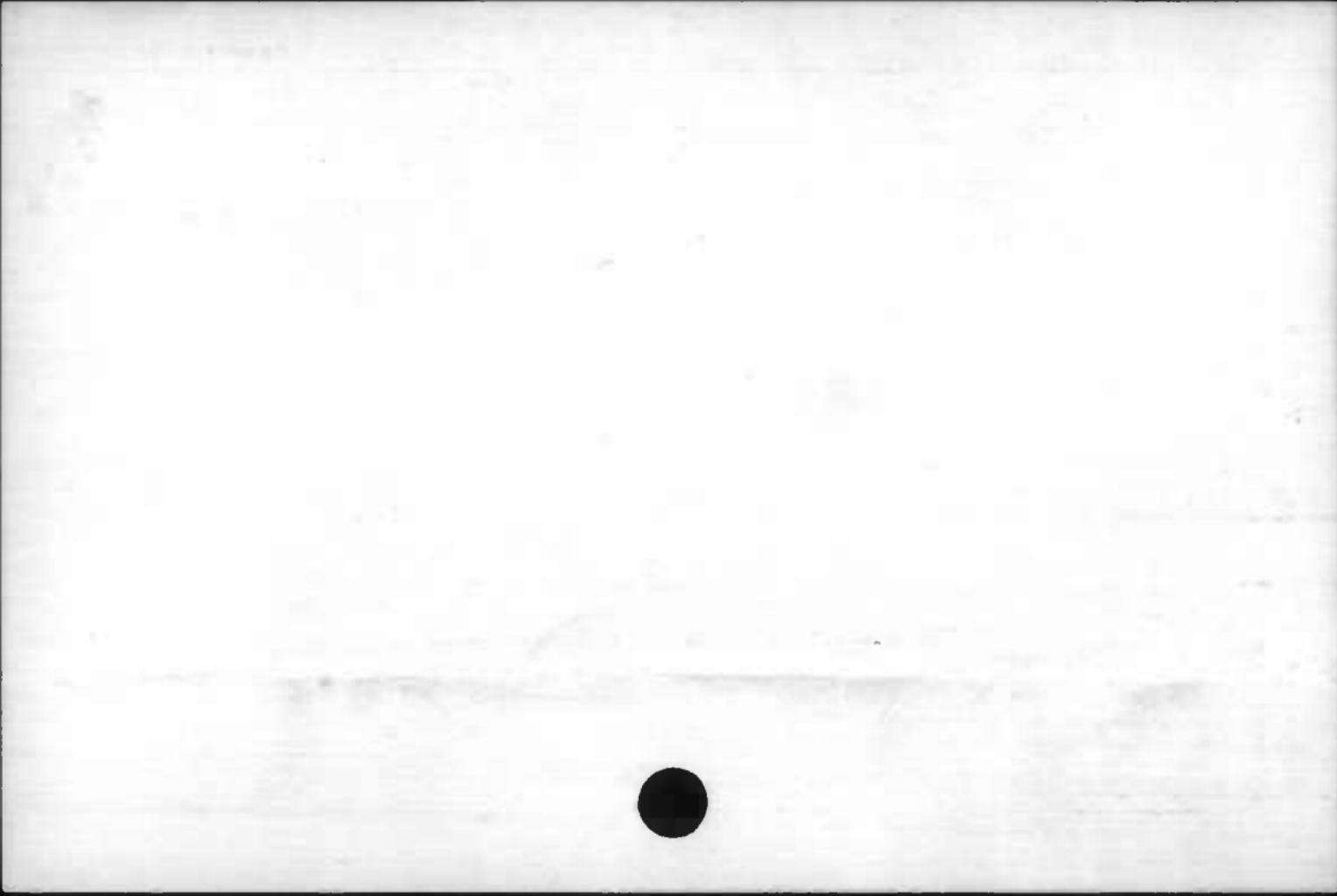
Signature of
Physician

Address

J

Accident or Suicide

F. E. Rigidon M.D.
Jarrettsville
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name <i>Hannah Fisher</i>				CERTIFICATE OF DEATH		
Died at <i>Creswell</i>		Town County <i>Harford</i>		MARYLAND		
Date of death <i>1909</i>	Month <i>2</i>	Day <i>17</i>	Age Years <i>39</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birth- place <i>Md</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella H Fisher</i>					
Father's Name <i>Shadrack Johnson</i>	Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Dorsey</i>	Mother's Birthplace <i>unknown</i>					
Name of person giving Information <i>Louie H Fisher</i>	How related to deceased <i>Husband</i>					

CAUSES OF DEATH

137

How long

9 days

How long

few hours

Primary

Septicemia (puerperal)

Immediate

Anemia

Signature of
Physician

Address

Ta Callahan

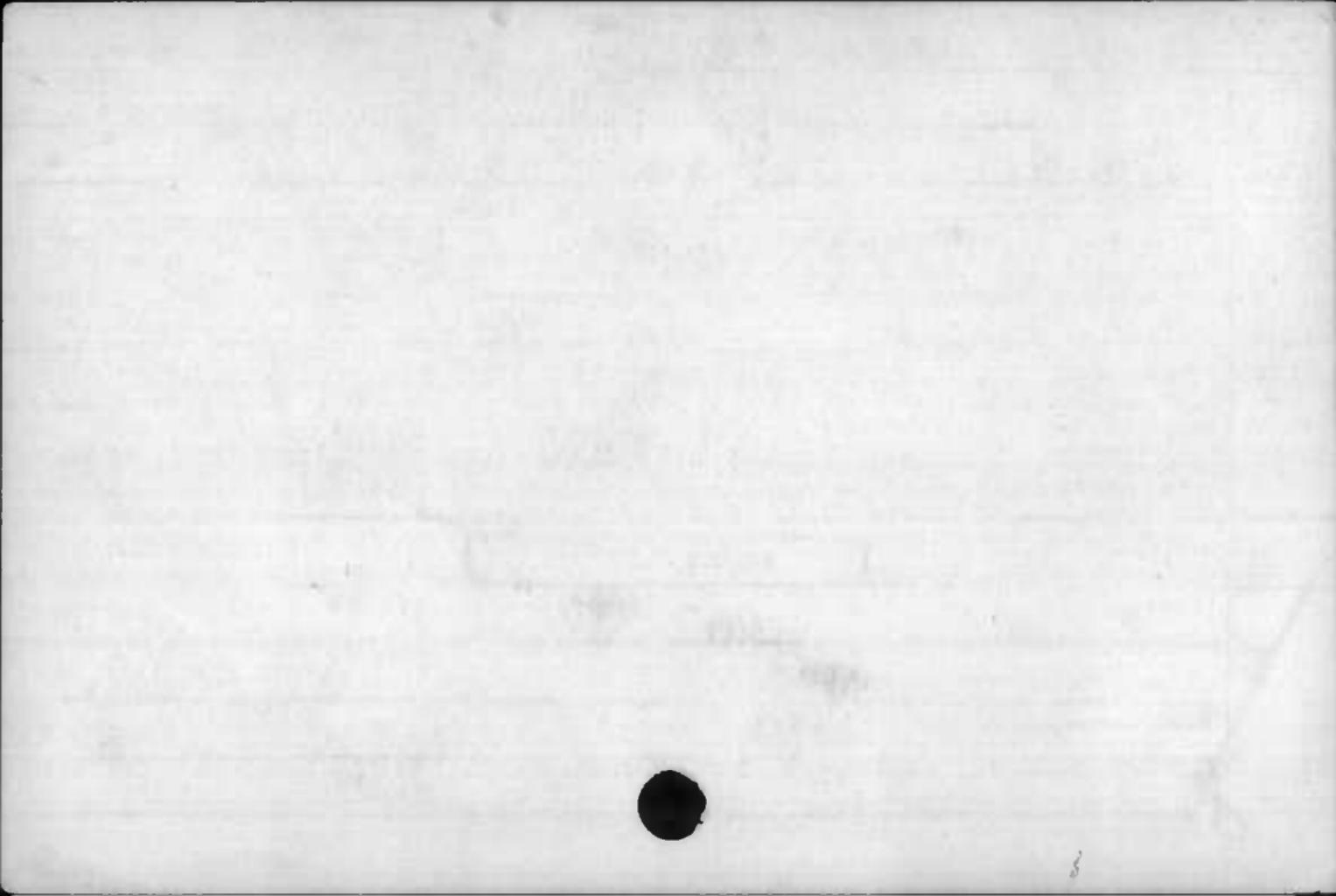
Baltimore Md.

Are the name, age, sex, color, date
and place correctly given above?

yes

Accident or Suicide?

No



Name
in
Full

Oliva Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Deye
1909	2	22	Age 70	~	~
Sex Female	Color or Race	Negro	Birth-place	Harford Co.	
Occupation House Wife	Where Residing if not at place of death	Mountain			
Married, Single or Widowed Widow	Name of Wife or Husband	Alfred Frederick	Father's Birthplace	Harford Co.	
Father's Name Santa James			Mother's Birthplace	Unknown	
Mother's Maiden Name Linkhorn			How related to deceased	Nephew	
Name of person giving Information Joseph Smart					

CAUSES OF DEATH

120

How long

How long

Primary

Chronic Nephritis

Immediate

Uremic Poisoning

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Cha. E. Creswell Sub. R.

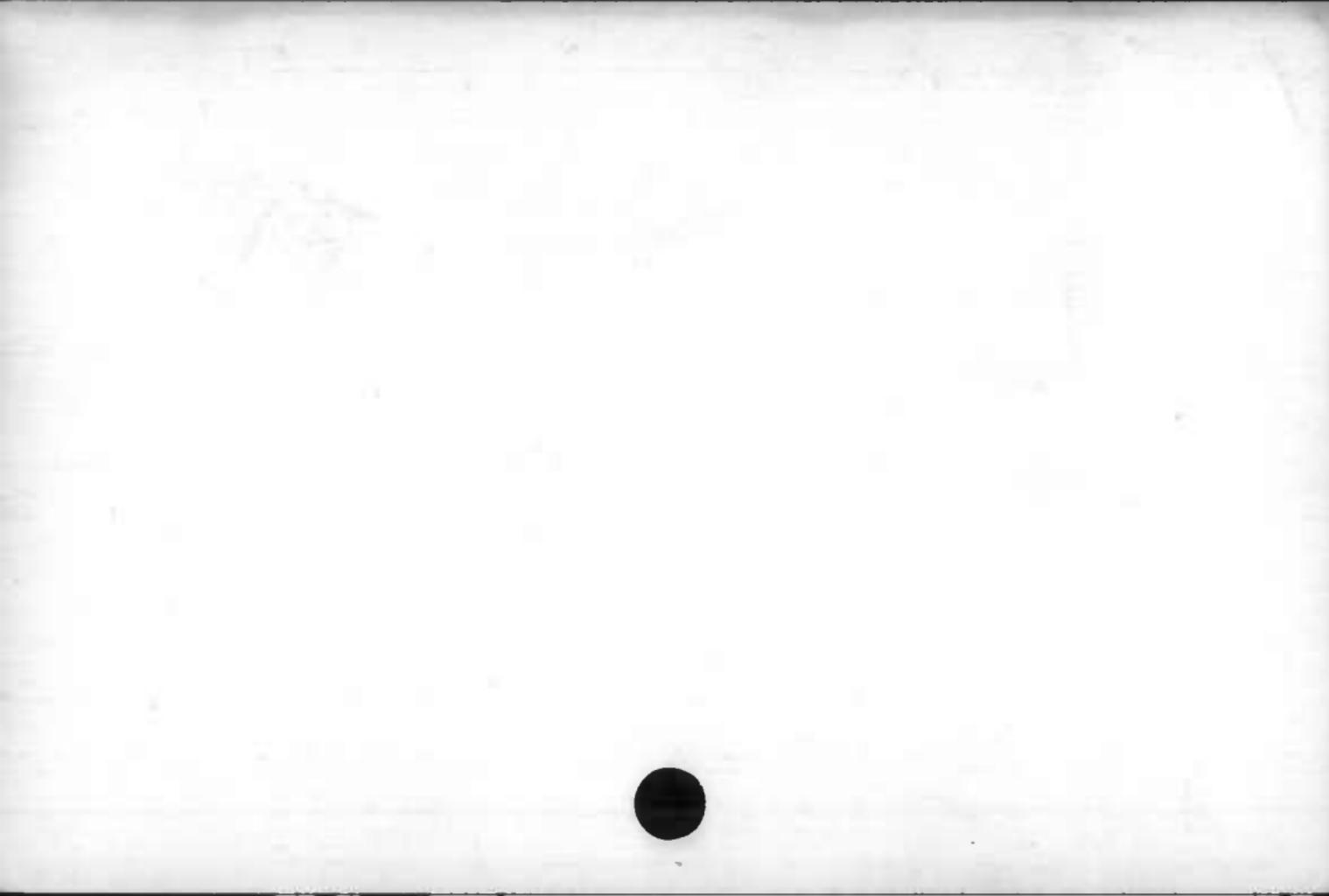
Mountain

Maryland

PHYSICIAN
OR CORONER

Accident or Suicide

J



Name
in
Full

George Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1909	Feb	23	
Age	53		
Sex	Male	Color or Race	not known
Occupation	Railroad Hand	Where Residing if not at place of death	Aberdeen
Married, S or Widower	Name of Wife or Husband	Harriet Green Frisby	
Father's Name	Moses Frisby	Father's Birthplace	Not known
Mother's Maiden Name	Not known	Mother's Birthplace	not known
Name of person giving information	Harriet Frisby	How related to deceased	Wife
CAUSES OF DEATH			
Primary	64		
Secondary	How long		
Immediate	Not known		

Are the name, age, sex, color, date and place correctly given above?

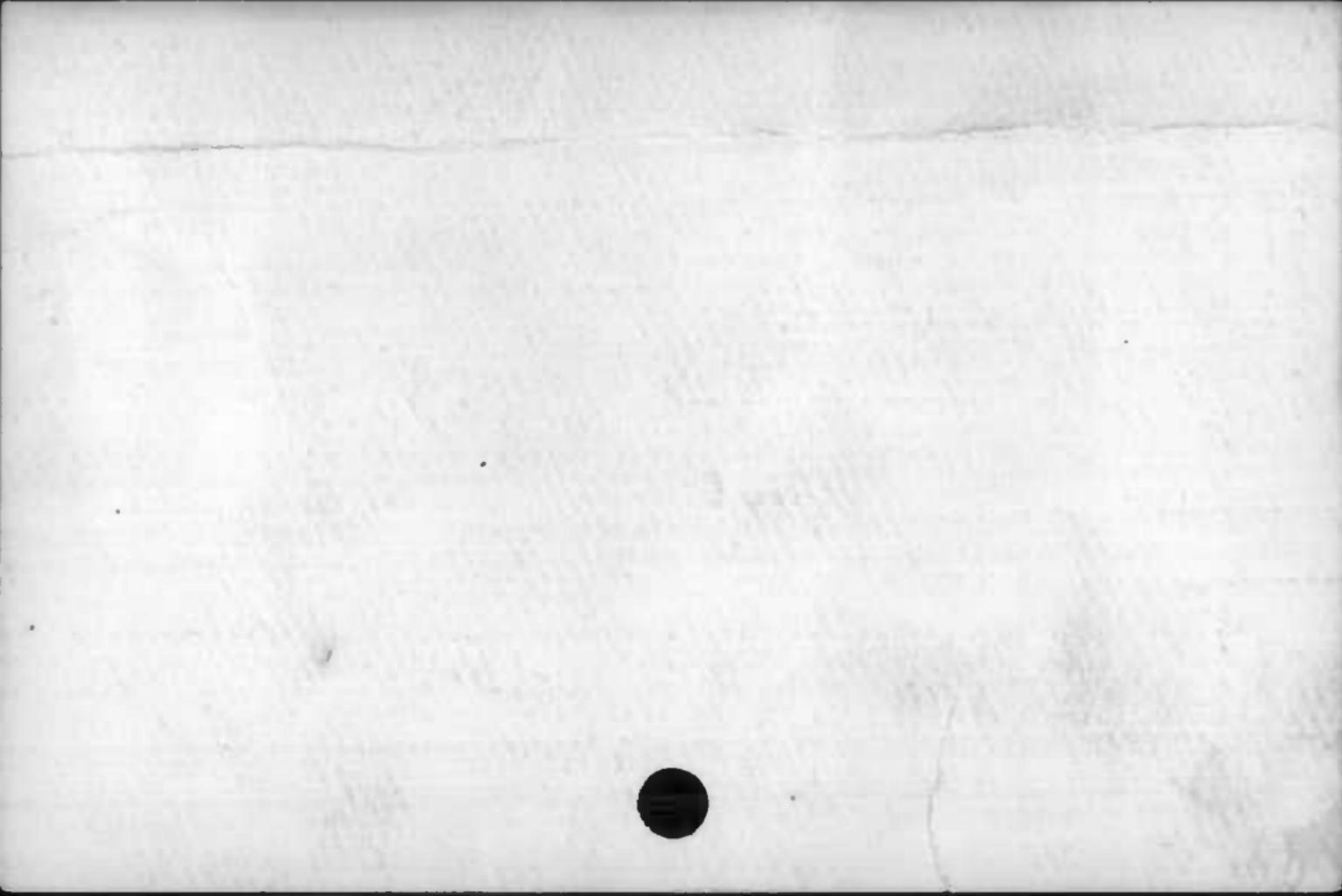
 Yes

Signature of Physician

 Address

Jas H. Kennedy
Aberdeen Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elizabeth Gantz				CERTIFICATE OF DEATH			
Died at Morrisville		Town	County	MARYLAND			
Date of death	1909	Month Feb.	Day 24	Age 80	Years	Months	Days
Sex Female	Color or Race White					Birthplace Harford Co., Md.	
Occupation Housekeeper	Where Residing if not at place of death Morrisville, Md.						
Married, Single or Widowed	Widowed	Name of Wife or Husband	Levi Gantz		Father's Birthplace Harford Co., Md.		
Father's Name	Mathew Wiles				Mother's Birthplace Morrisville, Md.		
Mother's Maiden Name	Annie Morris				How related to deceased Son-in-law		
Name of person giving information	Geo. N.W. Morris						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemiplegia

66

Five Weeks
two days

Immediate

Acute Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Gulson Dunwick
Stewartstown, Pa.

Accident or Suicide?



Name
in
Full

Rebecca Temperence Glenn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Federal Hill	County	MARYLAND		
Date of death	1909	Month	Day	Years	Months Days
Sex	Female	Color or Race	24 a.m.	Age	67
Occupation	Sewstress	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Glenn	Father's Birthplace			
Mother's Maiden Name	Sarah Nelson	Mother's Birthplace			
Name of person giving Information	Josiah Glenn	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Thrombosis

How long

Several weeks

Immediate

Dementia & exhaustion

How long

About 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. F. Bradley

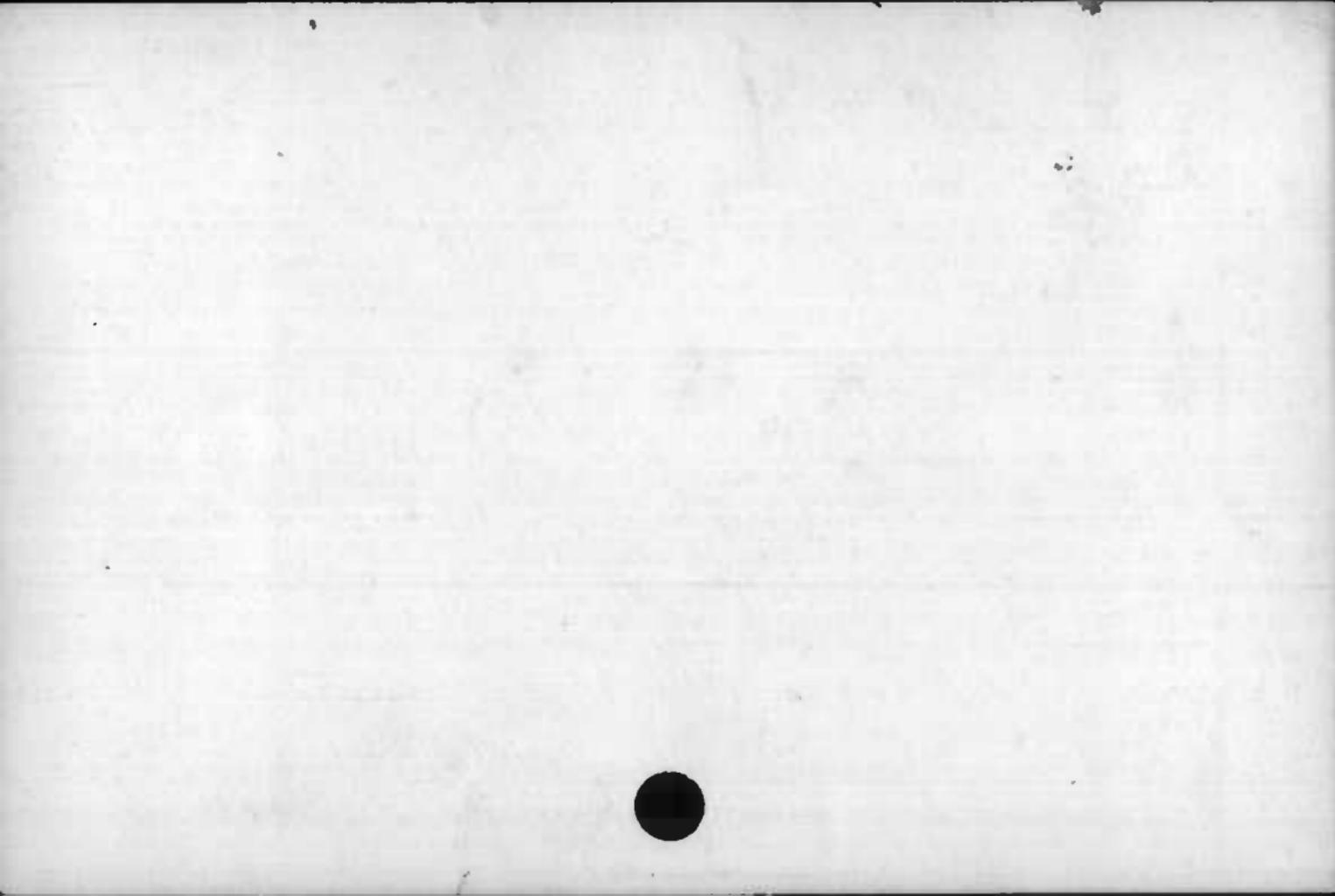
Address

Gardettsville Md

8

Accident or Suicide?

82



Name
in
Full

James W. Gregg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Feb.	8	—	5	14	
Sex	Male	Color or Race	White	Birth-place	Havre de Grace	
Occupation	none	Where Residing if not et place of death			"	"
Married, Single or Widowed	Name of Wife or Husband		none	Father's Name	Cecil Co.	
Wilmer Gregg				Father's Birthplace		
Mother's Maiden Name	Mary Roberte			Mother's Birthplace	Cecil Co.	
Name of person giving Information	Wilmer Gregg			How related to deceased	Father	

CAUSES OF DEATH

92

How long

8 days

Primary

Broncho-Pneumonia

Immediate

Exhaustion + Toxemia

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

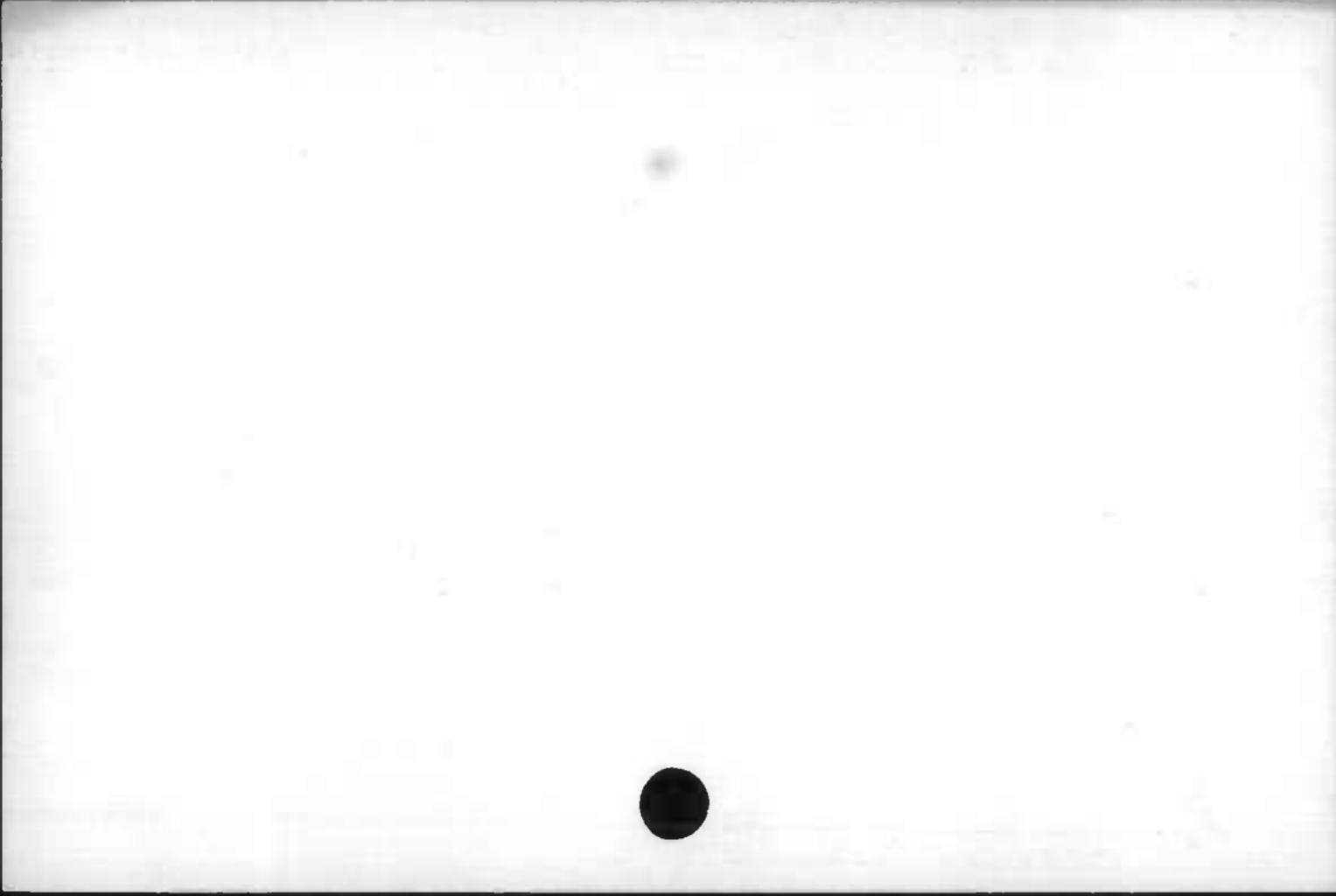
Signature of
Physician

Address

Havre de Grace MD

J.W. Steinley

Accident or Suicide



Name
in
Full

Alfred Hall (Col)

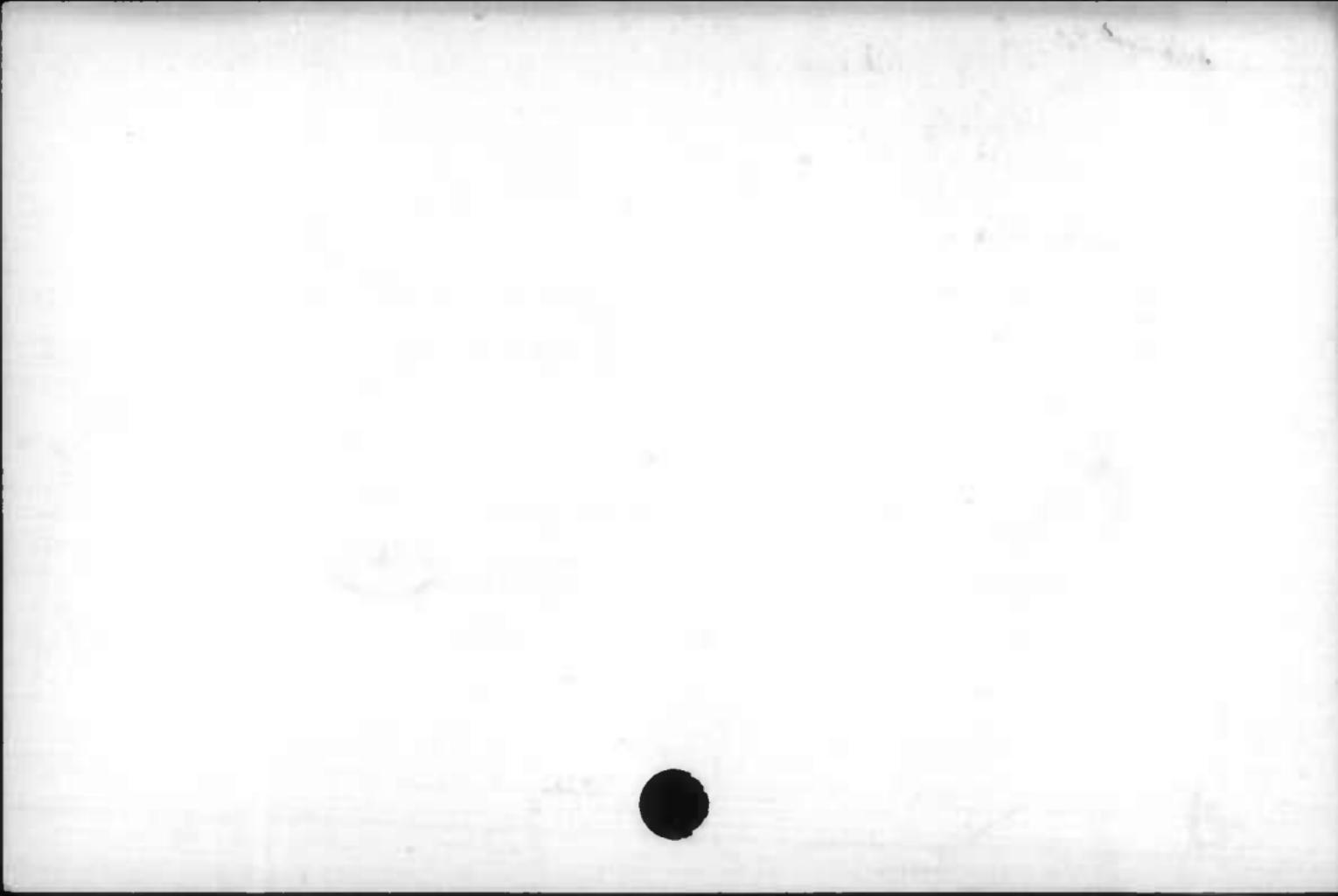
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	26	✓	✓
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband	Never Married -			
Father's Name	John Hall			Father's Birthplace	Md
Mother's Maiden Name	Sarah Hall			Mother's Birthplace	Md
Name of person giving Information	Stephen Marshall			How related to deceased	none
CAUSES OF DEATH					
Primary	X Laryngeal tuberculosis,			How long	2 years.
Immediate	Pulmonary tuberculosis			How long	one year
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			J. F. H. Gorsuch M.D.		
			Address		
			Fold Md -		

PHYSICIAN
OR CORONER

X Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J.W. Hamby

Town	County				
Died at	Month	Day	Years	Months	Days
Date of death 190	9 Feb	28	Age 73		
Sex Male	Color or Race White	Birth-place Calvary			
Occupation Farmer	Where Residing if not at place of death Colwood				
Married, Single or Widowed	Name of Wife or Husband Lorraine B Hamby	Father's Birthplace Cal			
Father's Name W.S. Hamby	Mother's Birthplace Norfolk				
Mother's Maiden Name Webster	How related to deceased				
Name of person giving information Mary & Marshall Hamby now					

CAUSES OF DEATH

64

How long

Primary

Apooplexy

Immediate

Cerebral hemorrhage & exsanguination

How long

18 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J.A. Callahan

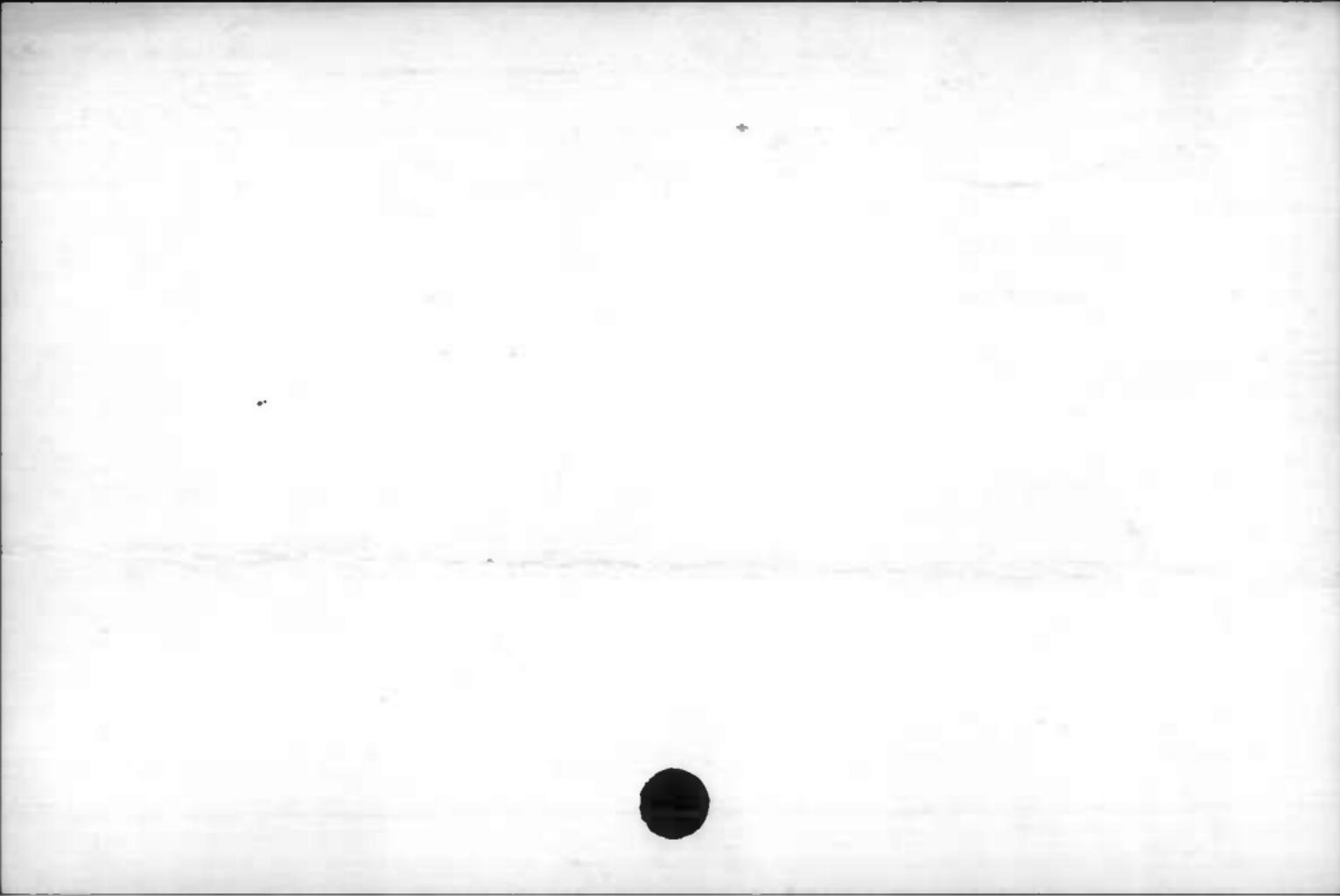
Address

Baltimore

Maryland

Accident or Suicide

No.



Name
in
Full

Jessie H. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feb.	Day 19	Years 73	Months	Days
Sex	Male	Color or Race	Black			
Occupation	Where Residing if not at place of death		Harford c. Lide G.			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Esther Johnson			
Father's Name	Unknown		Father's Birthplace Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown			
Name of person giving information	Jessie Johnson Jr		How related to deceased Son			

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

Several yrs

Immediate

Uterine Convulsions

12 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

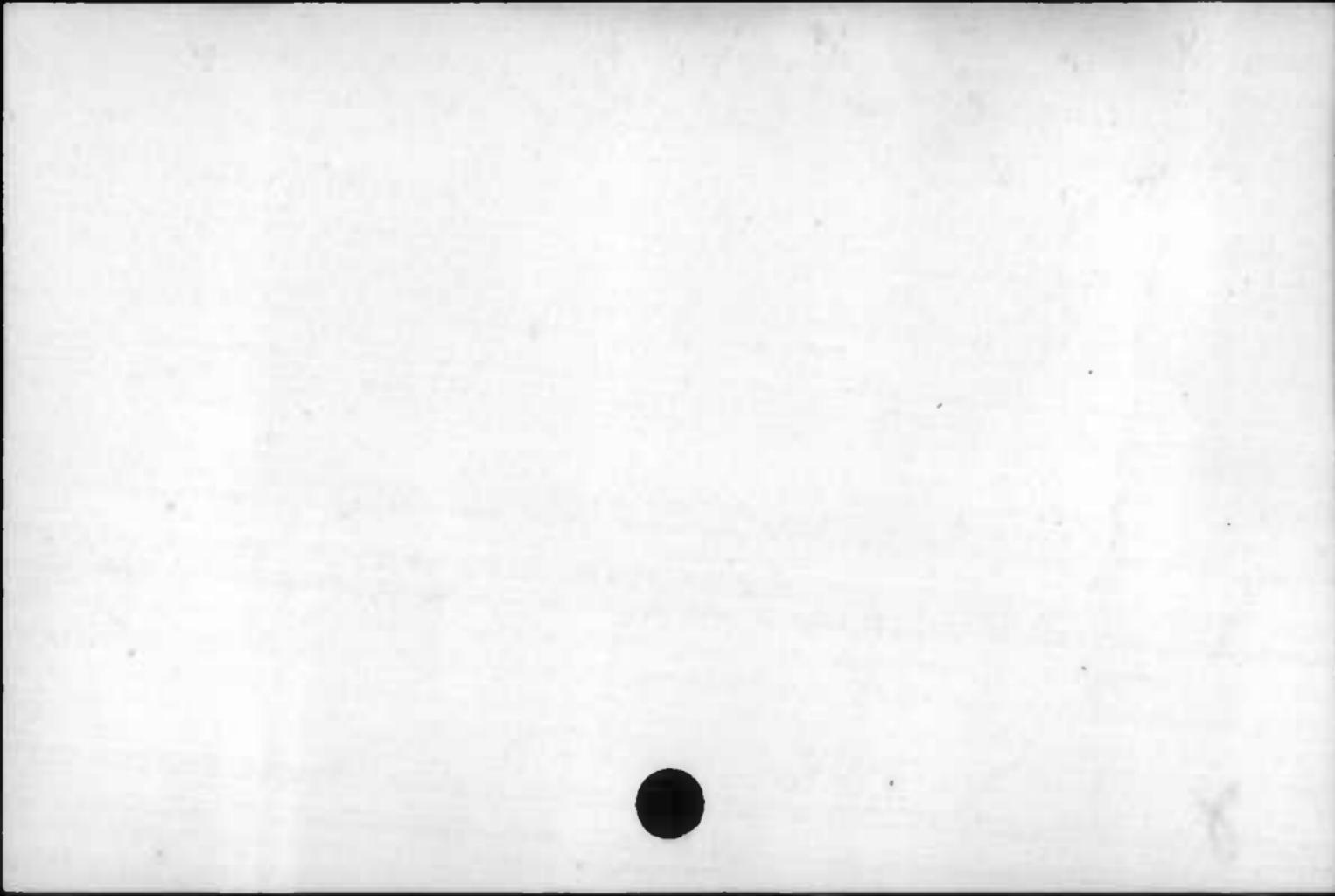
F. W. Steiner

Address

Han de Grace and

8

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Kane

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Hare de Grace	Hanford	Months	Days	
Date of death	1909	Month Feb	Day 16	Years 83	
Sex	Male	Color or Race	white	Birth-place	Ireland
Occupation	Laborer		Where Residing if not place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Kane	Father's Birthplace	Ireland
Father's Name	Unknown			Mother's Birthplace	Ireland
Mother's Maiden Name	Hare Unknown			How related to deceased	Son
Name of person giving Information	Geo Kane				

CAUSES OF DEATH

66

How long

One year

How long

2 or 3 weeks

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Heart & Kidney complication

Are the name, age, sex, color, date and place correctly given above?

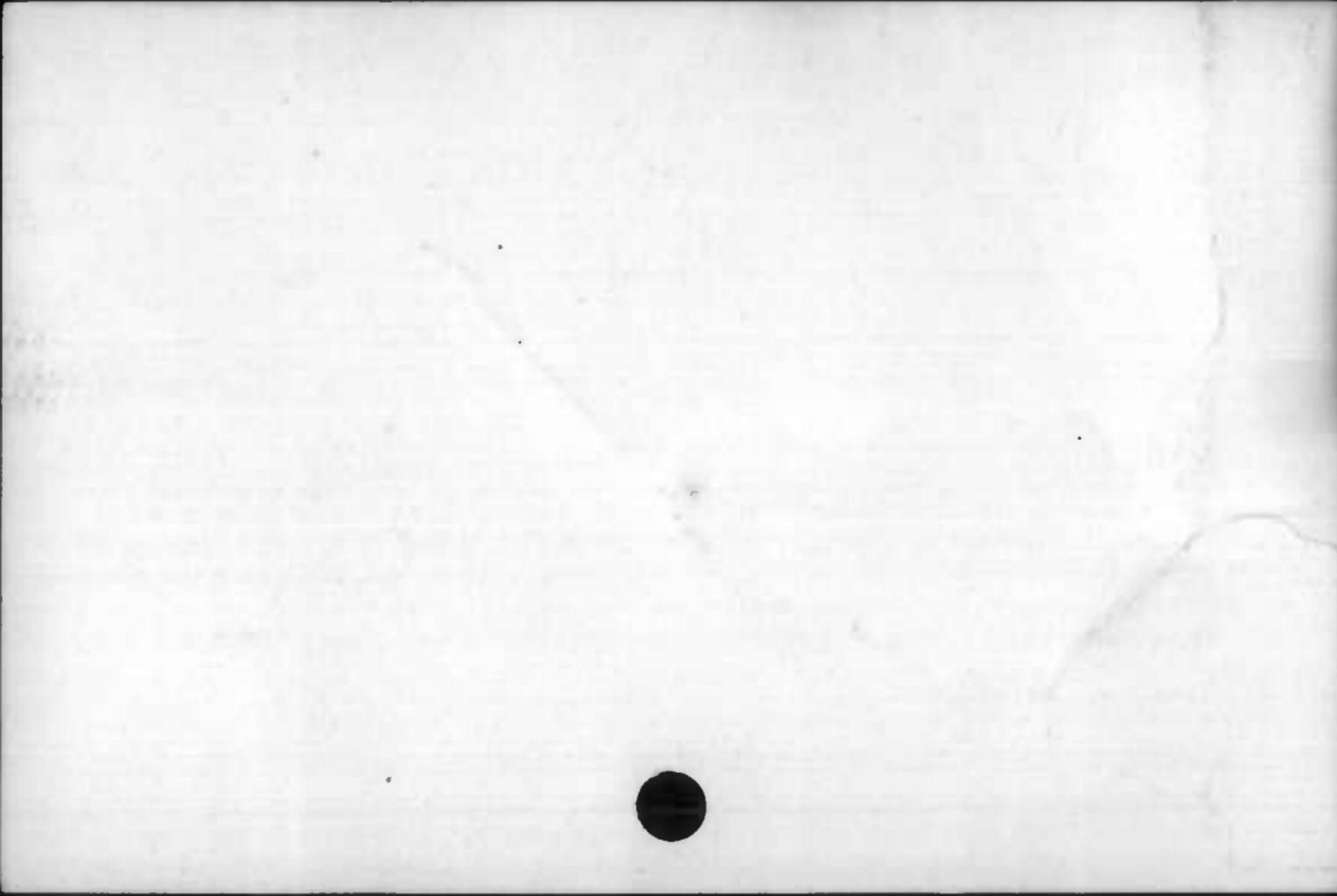
Signature of Physician

J. L. Hopkins

Address

Hare de Grace

Accident or Suicide?



Name
in
Full

George W Lisby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Hanford Co Md
Occupation	Laborer				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Lisby	Where Residing if not at place of death	
Father's Name	John Lisby				
Mother's Maiden Name	Annie Smith				
Name of person giving information	Mary Lisby				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary

Breackett

How long

several months

Immediate

Are the name, age, sex, color, date and place correctly given above?

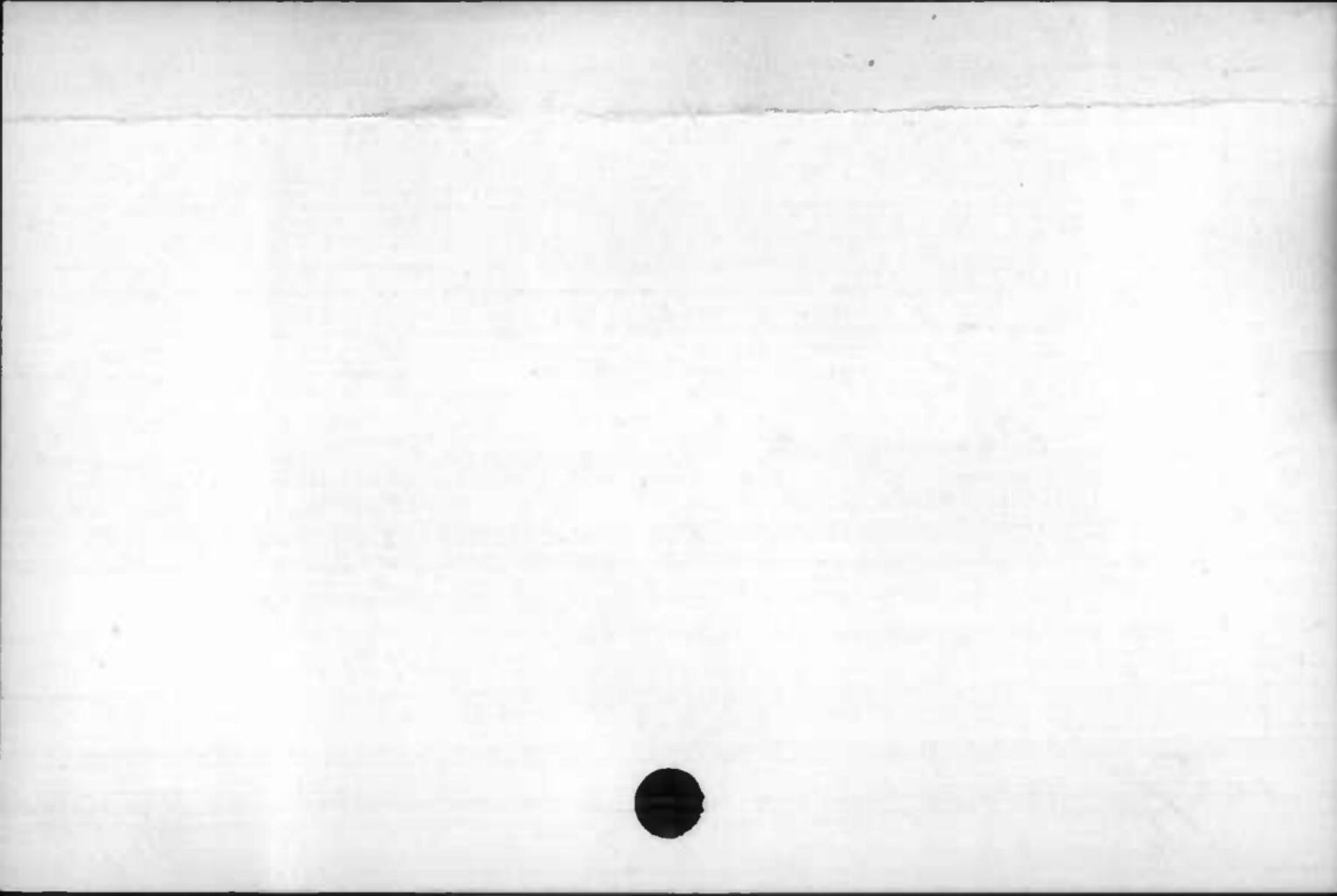
Signature of Physician

Address

J H Otis
Perryman

Accident or Suicide?

MD



Name
in
Full

Elyuer Twadell Mc. Ruth

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Died at	Darlington	Hanford			
Date of death	Month	Year	Months	Days	
1909	Feb.	9 th		20	
Age					
Sex	Male	Color or Race	white	Birth-place	Darlington Md.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Edwin Mc. Ruth	Father's Birthplace	Darlington Md.		
Mother's Maiden Name	Sarah Twadell	Mother's Birthplace	Del		
Name of person giving Information	Sarah Mc. Ruth	How related to deceased	Mother,		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

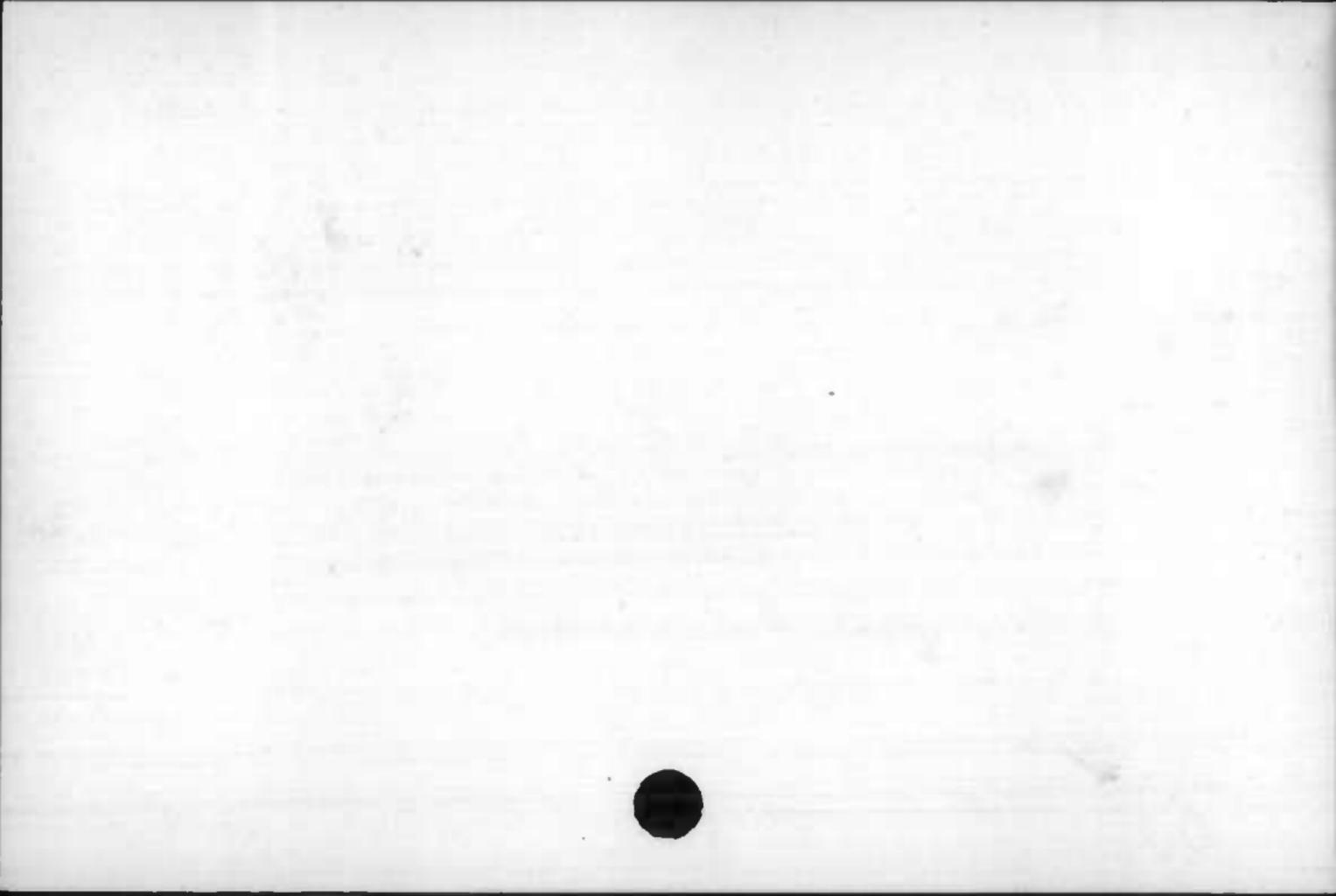
J. H. Tobias.

J

Address

Darlington, Md.

Accident or Suicide?



Name
in
Full

E. Eugene Monkis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Forest Hill

County

Hairford

MARYLAND

Date
of death

1909

Month

Dec

Day

11

Years

29

Age

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Beth

Occupation

At Home

Where Residing if not
at place of death

Forest Hill Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James Monkis

Father's
Birthplace

Beth

Mother's
Maiden Name

Gertude Levy

Mother's
Birthplace

Beth

Name of person giving
Information

Hannah Brophy

How related
to deceased

Sister

CAUSES OF DEATH

27

How long

1 yrs

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Phthisis

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. P. Johnson

Address

Forest Hill Md

8

Accident or Suicide?

Ms Zahor.

Name
in
Full

William Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single Widowed	Name of Wife or Husband		
Father's Name	Edward Morgan	Father's Birthplace	Ind
Mother's Marden Name	Charlotte Hall	Mother's Birthplace	Ind
Name of person giving Information	Laurie Tingham	How related to deceased	Niece
CAUSES OF DEATH			
Primary	Paroxysms	66	How long
Immediate			About a year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	William V. Archer
Yes		Address	Bel Air Md
J			
Accident or Suicide? →			

PHYSICIAN
OR CORONER

Aberystwyth

Name
in
Full

Infant - Myers. Hospital

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Hospital				
Date of death	Month	Day	Year	Months	Days
1909	2	13	—	—	12
Sex	Male.	Color or Race	White	Birth-place	and
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George - Myers	—		Father's Birthplace	Pa.
Mother's Maiden Name	Ranjeiceps	—		Mother's Birthplace	and.
Name of person giving Information	George. Myers	—		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Third day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

" " J. S.

Dr. Eastham
Cardiff M.L.

Accident or Suicide

Feb. 14 - 09

Fawn Grouse

Name
in
Full

Mary Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	75	5
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Chas. Parker		
Father's Name	James Mc Courtney	Father's Birthplace	York Co. Pa.		
Mother's Maiden Name	Jani Swamy	Mother's Birthplace	York Co. Pa.		
Name of person giving information	Chas. Parker	How related to deceased	Husband		

CAUSES OF DEATH

154

How long

Five years

How long

PHYSICIAN
OR CORONER

Primary

General Debility

Immediate

Heart Failure

Signature of Physician

Address

J. E. Rigdon M.D.
Farrattsville, Ind.

Accident or Suicide?

8

Burial at Ebenezer Church Harvard 65

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Orvin H. Prester

CERTIFICATE OF DEATH

Died at		Town <i>Nebels</i>	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Feb	16	Age	—	6	
Sex	Male	Color or Race	<i>white</i>	Birth-place	<i>Nebels</i>	
Occupation			Where Residing if not at place of death	—		
Married, Single or Widowed		Name of Wife or Husband	—			
Father's Name	<i>Irene Preston</i>			Father's Birthplace	<i>Hanford Co</i>	
Mother's Maiden Name	<i>Laura Miller</i>			Mother's Birthplace	<i>Virginia</i>	
Name of person giving Information	<i>Mr Melvin Carr</i>			How related to deceased	<i>not related</i>	

PHYSICIAN
OR CORONER

Primary

~~Acute Pyogenic Infection~~ How long 3 days
How long "

20

How long

| How long

Immediate

1

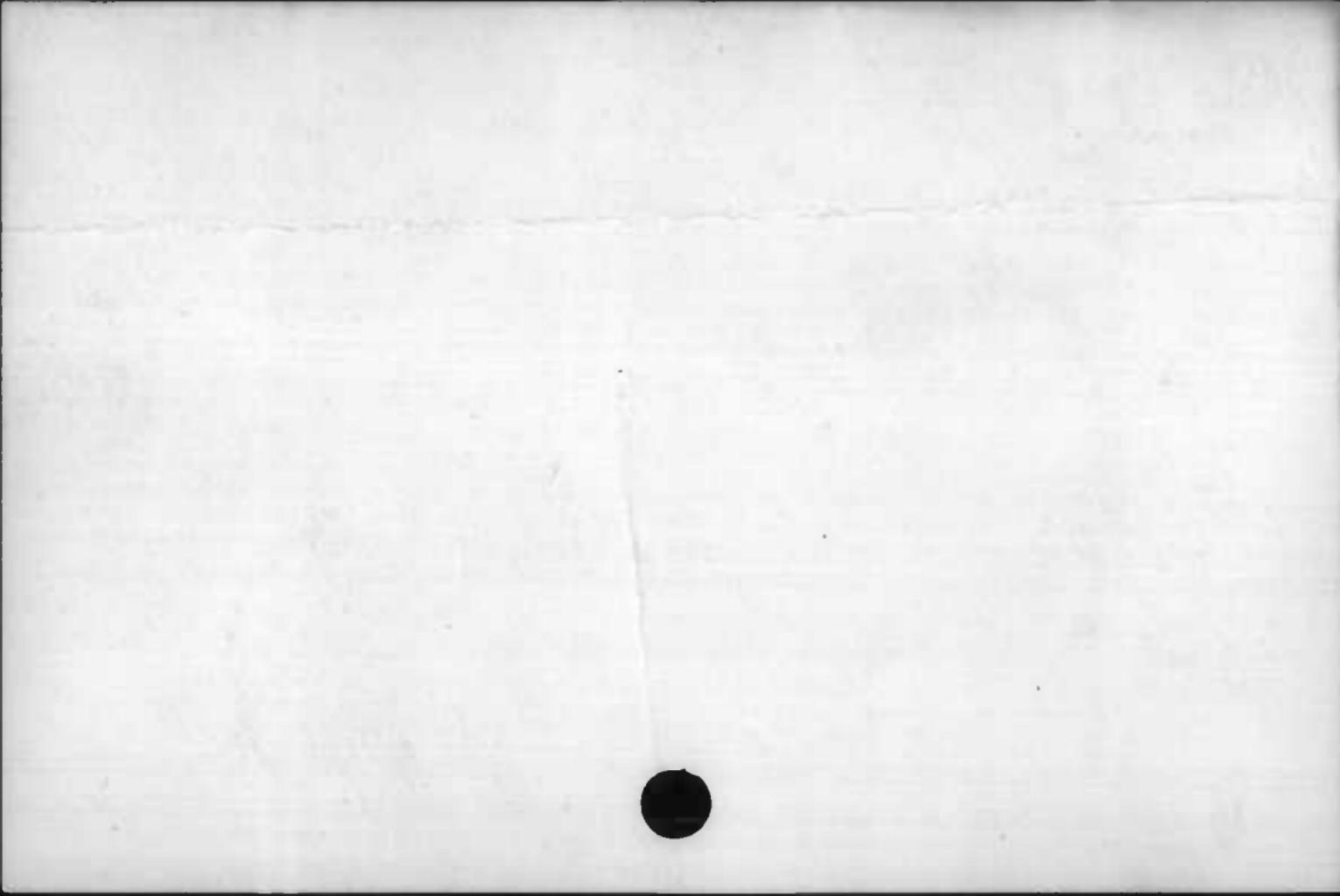
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Addres

Mr. & Mrs. George C. Collier
have been married

Accident or Suicide?



Name
in
Full

Mary Margaret Shirey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at	Atavre de Groot	Harford		Month	Days
Date of death	1909	Month	Feb	Day	26
Age	85	Years		Months	6
Sex	Female	Color or Race	White	Birth-place	Harfords
Occupation	Housewife			Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband	George Shirey	Same	
Father's Name	John James Tounley			Father's Birthplace	Harford Co.
Mother's Maiden Name	Sarah Barbara Mahan			Mother's Birthplace	Harford Co.
Name of person giving Information	Hester Crumison			How related to deceased	Daughter

CAUSES OF DEATH

Primary

Valvular Heart-disease

79

How long

many years

Immediate

Kidney complication

How long

2 or 3 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

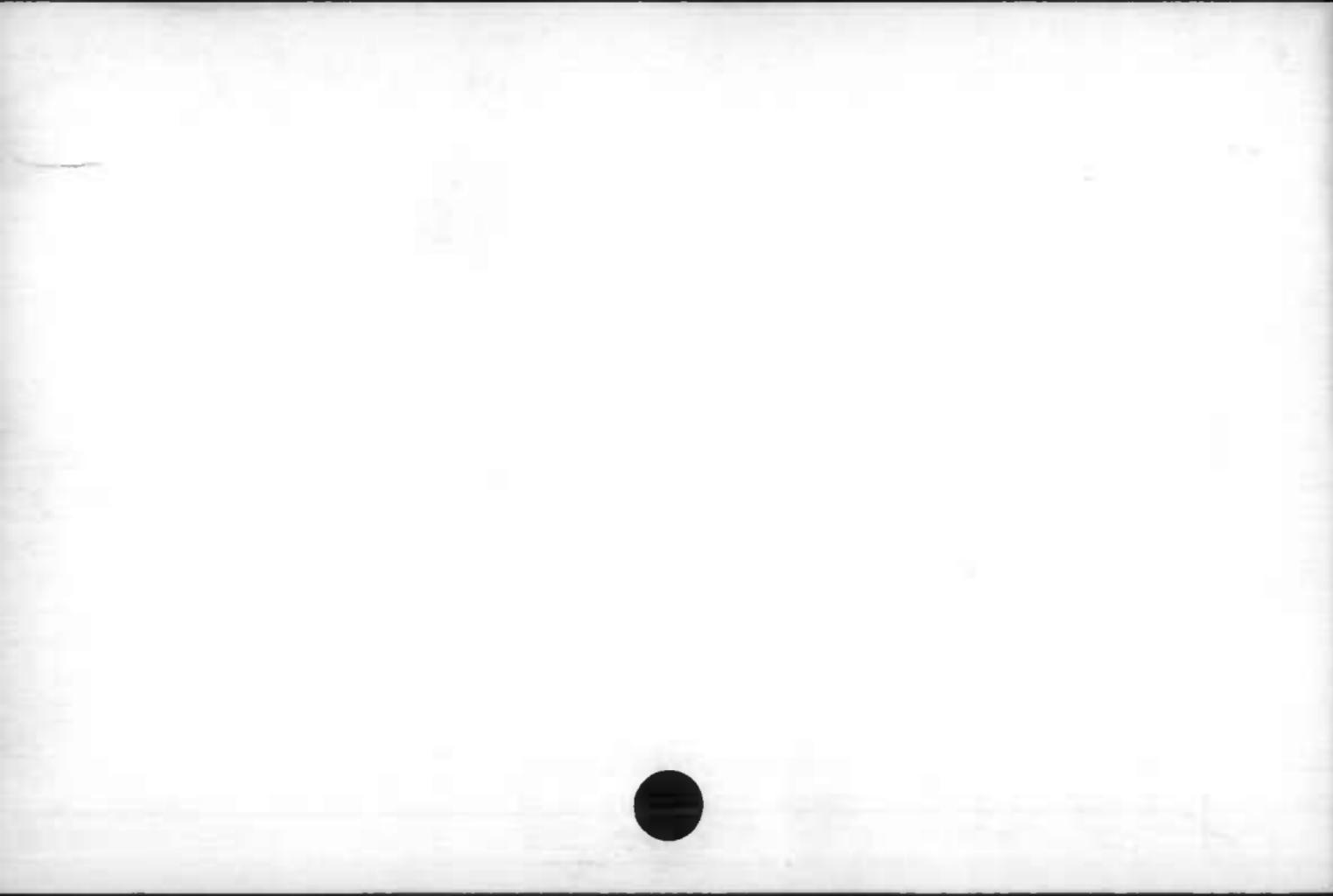
Signature of Physician

Address

J. L. Hopkins

Atavre de Groot
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	R.F.D.	County	State
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Whare Reading if not at place of dash		
Occupation	Same				
Married, Single or Widewed	Name of Wife or Husband				
Father's Name	Otto Smith		Father's Birthplace	Harford Co	
Mother's Maiden Name	Alice Wilson		Mother's Birthplace	Harford Co	
Name of person giving Information	Otto Smith		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Premature birth		151	How long	
Immediate	"	"	1		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

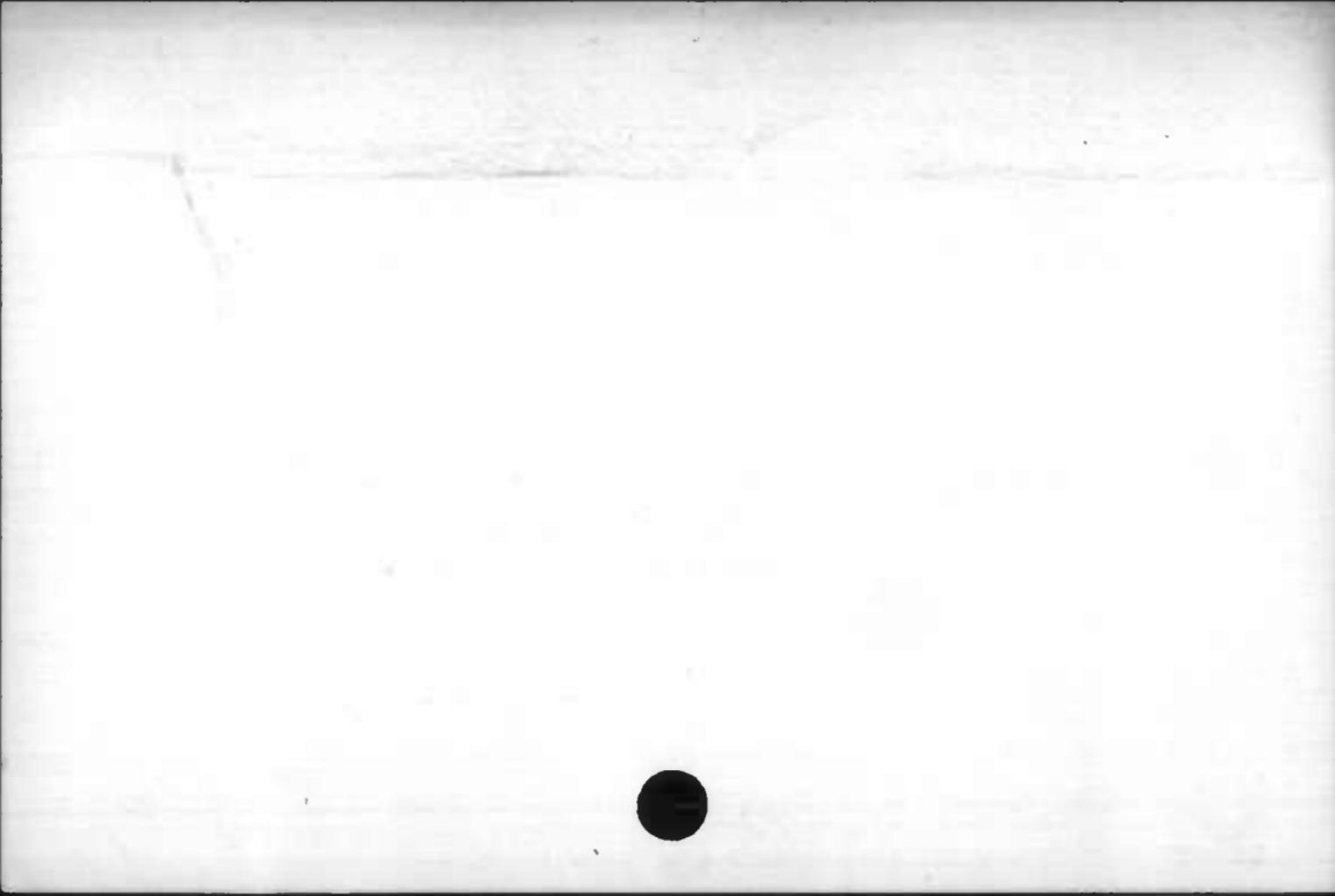
Signature of Physician

Address

J L Hopkins
Harford Co
Md



Accident or Suicide



Name
in
Full

Millard Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Madonna			County	Maryland	
Die at	Month	Day	Year	Months	Days	
Date of death 1909	2	24	Age 18			
Sax	Color or Race	Colored				
Occupation	Where Residing if not at place of death					
Farm Help	Madonna					
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Death place	
Father's Name	Lyndamis Smith			Franklin	Jayetowne	
Mother's Maiden Name	Laura Little			How related to deceased	None	
Name of person giving information	F T June					

CAUSES OF DEATH

119

How long

24

How long

24

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

Immediate

Acute Nephritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

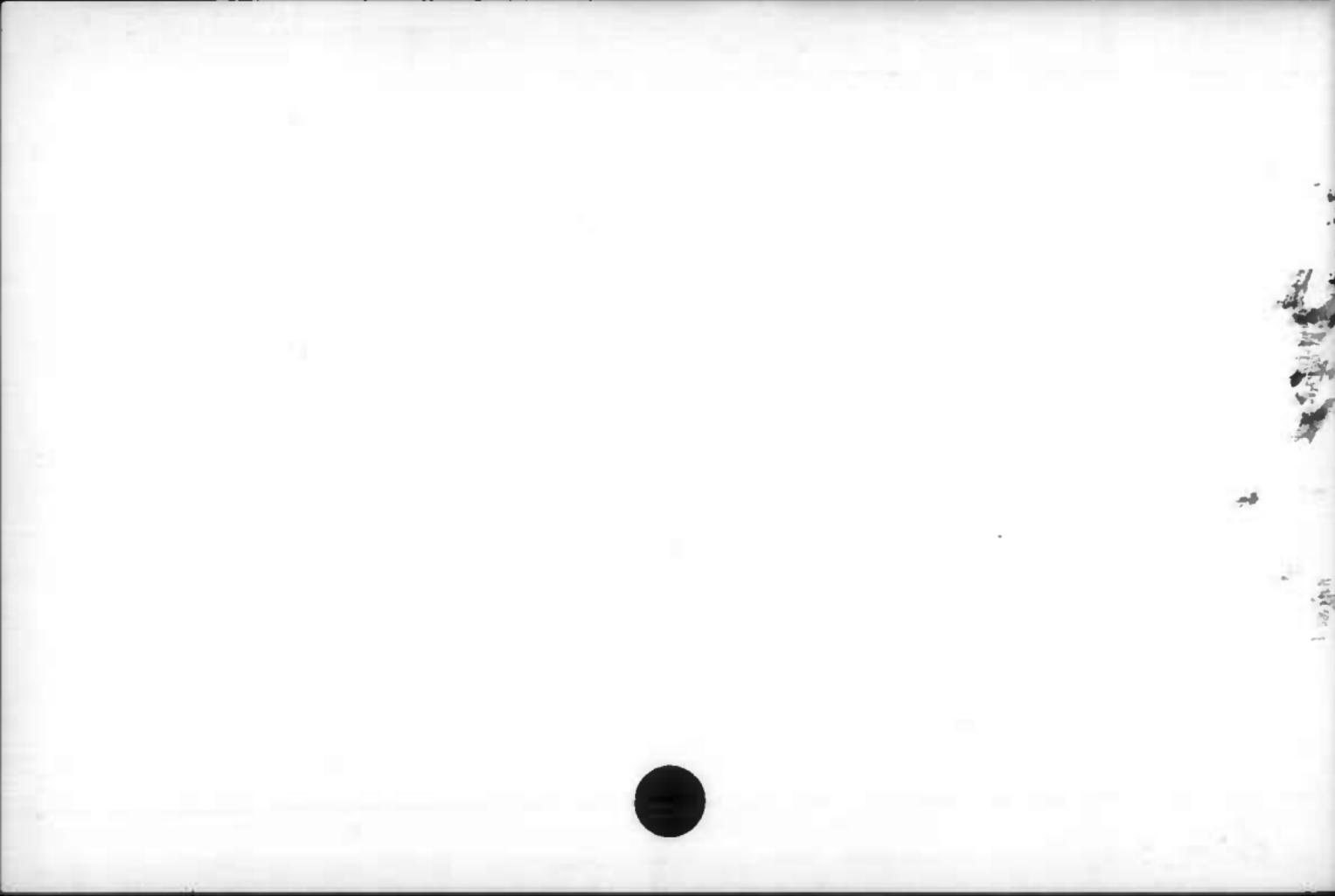
Address

Yes

F T June
White Hall
Md



Accident or Suicide



Name
in
Full

Priscilla D. Street

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1909	Feb	19	89			
Sax	Female	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Street					
Mother's Maiden Name	Md.					
Name of person giving Information	Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility
Heart Failure

Immediate

YES

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

154

How long

How long

Immediately

R. Wayne Ramsey
Della York Co. Pa.

Accident or Suicide

Rock Springs

Feb. 21st. 1909

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant of John R. Wallstrom

CERTIFICATE OF DEATH

Died at <u>Near Level</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>11</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u>5</u>
Sex <u> </u>	Color or Race <u>white</u>	Birth-place <u>Harford Co Md</u>				
Occupation			Where Residing if not at place of death <u>Near Level</u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband		Father's Birthplace <u>Maryland</u>		
Father's Name <u>John R. Wallstrom</u>		Mother's Maiden Name <u>Kaorna Mitchell</u>		Mother's Birthplace <u> </u>		
Name of person giving information <u>John R. Wallstrom</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

How long

How long

Primary

Born Prematurely

Immediate

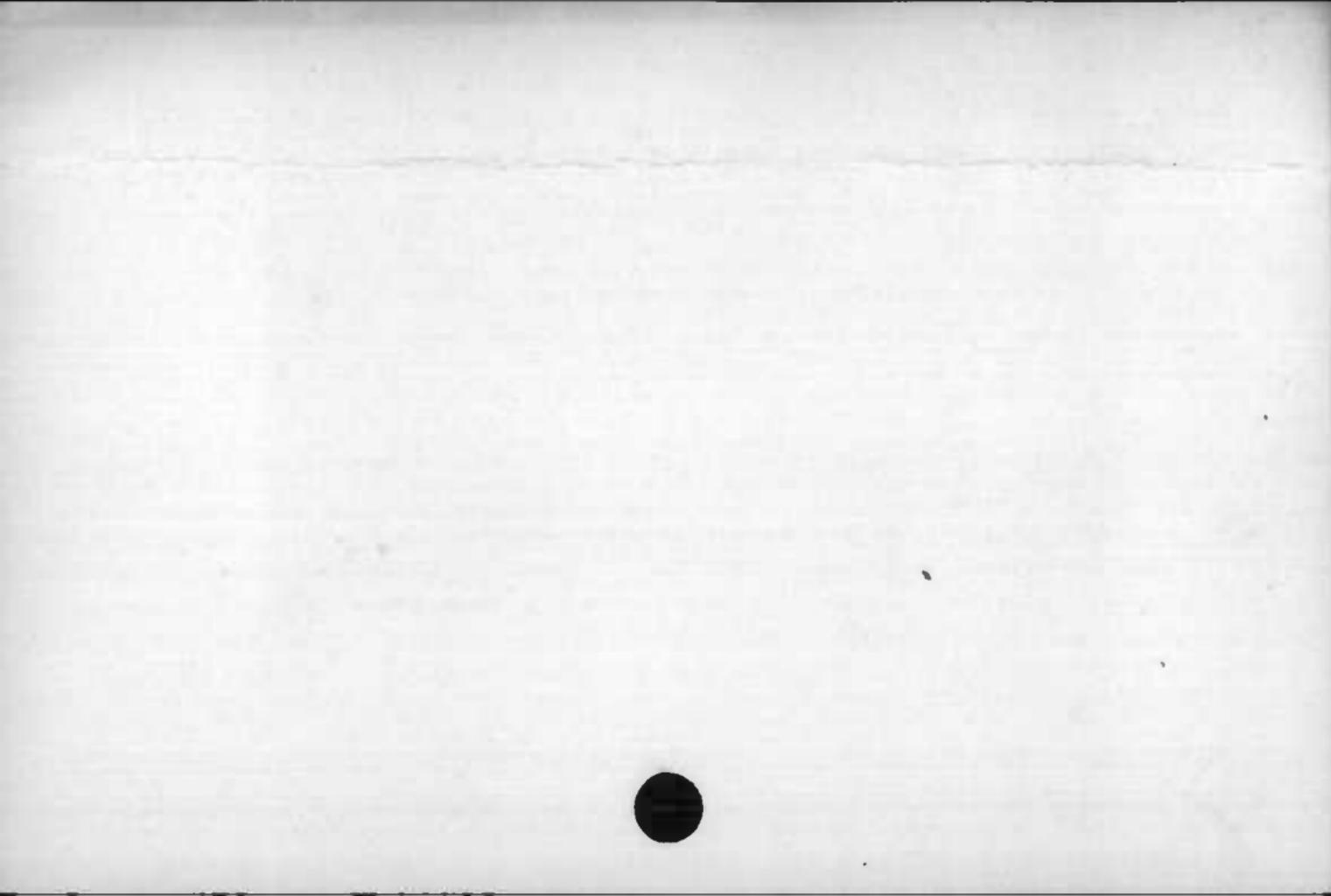
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert J. Walker
Lab. Register
George de Grace Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Harr d Grace

County

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Feb 18

Age

70

1

18

Sex

Color or
Race

white

Birth-
place

Harr d Grace

Occupation

None

Where Residing if not
at place of death

at Place of Death

Married, Single
or WidowedName of Widower
Husband

None

Father's
Name

William G Ward

Father's
Birthplace

Pa

Mother's
Maiden Name

Madeline V Lallion

Mother's
Birthplace

Md

Name of person giving
Information

William G Ward

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Bronch o. Bronmonia

How long

4 days

Immediate

Ex haustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Steiner

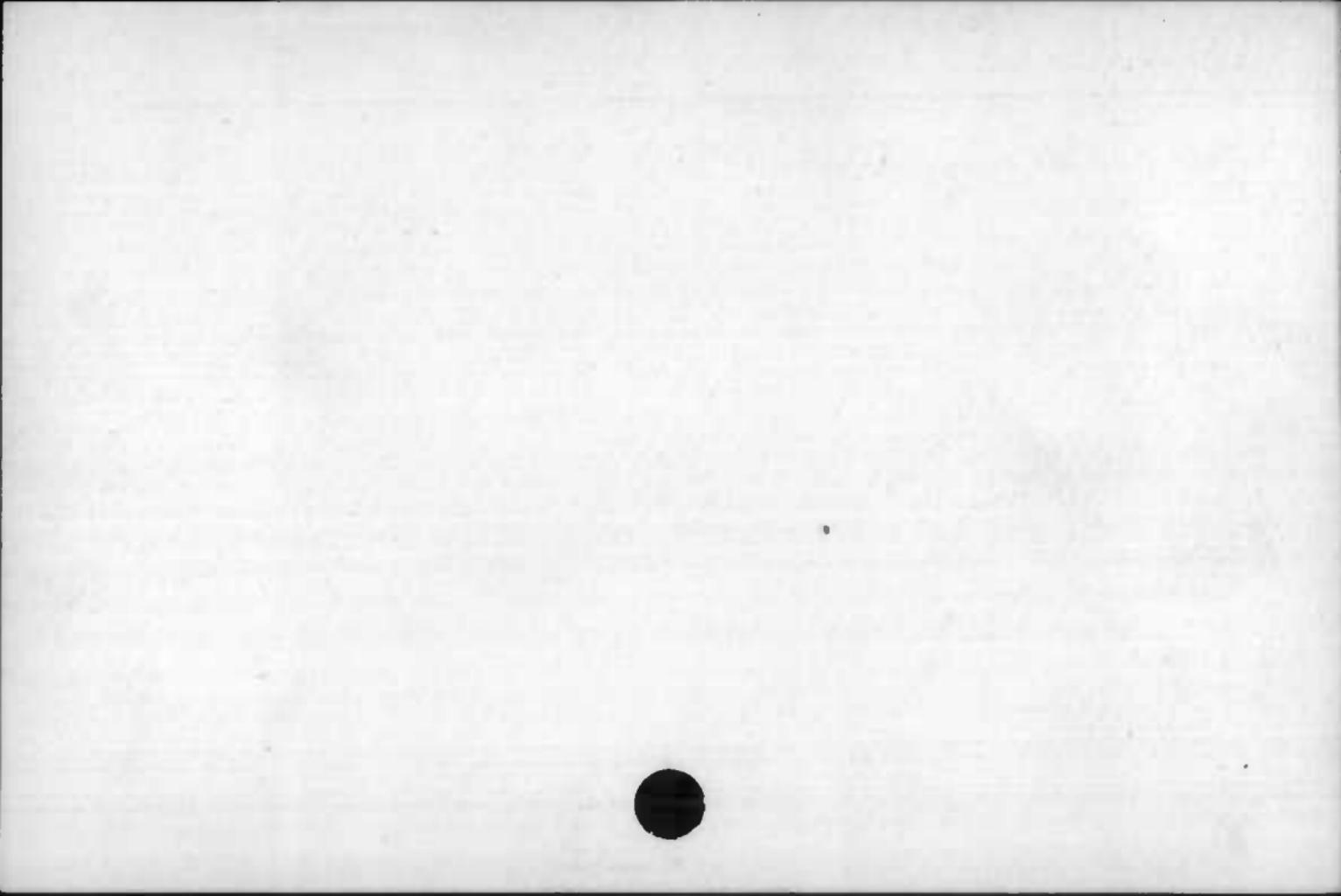
Address

Harr d Grace

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

George Denbow Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	56 10 18
Occupation	Where Residing if not at place of death		
Married, Single, or Widowed	Name of Wife or Husband	Ida Scarboro.	
Father's Name	William Watters		
Mother's Maiden Name	Cassandra Denbow		
Name of person giving information	Rebecca H. Wetherill		

CAUSES OF DEATH

27

How long

20 years

How long

48 hours

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Pinnell & Spangler
Bel Air

Accident or Suicide?

